

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☒Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

01

2005

through

11

30

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank

Date

03

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	1	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		313215.30
(b) Cash on Hand at Beginning of Reporting Period	392984.24	
(c) Total Receipts (from Line 19)	121619.01	583616.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	514603.25	896831.48
7. Total Disbursements (from Line 31)	21873.35	404101.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	492729.90	492729.90
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	109060.00	514206.77
(i) Itemized (use Schedule A)	12503.75	63894.25
(ii) Unitemized	121563.75	578101.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	121563.75	578101.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	55.26	5515.16
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	121619.01	583616.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	121619.01	583616.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1373.35	13935.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1373.35	13935.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	388000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2166.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2166.25
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21873.35	404101.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21873.35	404101.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	121563.75	578101.02
34. Total Contribution Refunds (from Line 28(d))	0.00	2166.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	121563.75	575934.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1373.35	13935.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1373.35	13935.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Belu Allam		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 5
Mailing Address 17202 Red Oak Drive Suite 312		Transaction ID: 48802-83318728208542
City Houston	State TX	Zip Code 77090-2639
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

PAC 4th of 4

B. Full Name (Last, First, Middle Initial) R. David Allara		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address Suite 11 310 35th Street Southeast		Transaction ID: 48752-04369753599166
City Charleston	State WV	Zip Code 25304-1352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

PAC 3rd of 4

C. Full Name (Last, First, Middle Initial) Omar Almallah		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 5
Mailing Address the Focus Center 20 Mule Road		Transaction ID: 48825-93223208189011
City Toms River	State NJ	Zip Code 08755-5028
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

432.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 96

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Chad Anderson Mailing Address Suite 1 1811 W Royal Hunte Drive City Cedar City State UT Zip Code 84720-8273 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 Transaction ID: EV09HB214668 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Susan Anderson-Nelson Mailing Address 2015 N Main Street City Wheaton State IL Zip Code 60187-3152 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: EV0CFD775339 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Manek Anklesaria Mailing Address 2325 S Harvard Avenue Suite 307 City Tulsa State OK Zip Code 74114-3307 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 735.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5 Transaction ID: 48XR39332871 Amount of Each Receipt this Period 370.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1735.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Amir Arbisser Mailing Address 777 Tanglefoot Lane City State Zip Code Bettendorf IA 52722-1650 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 966.25		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: EV0CM6764626 Amount of Each Receipt this Period 125.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Amir Arbisser Mailing Address 777 Tanglefoot Lane City State Zip Code Bettendorf IA 52722-1650 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 966.25		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5 Transaction ID: 48XPIF033706 Amount of Each Receipt this Period 91.25 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Lisa Arbisser Mailing Address 777 Tanglefoot Lane City State Zip Code Bettendorf IA 52722-1650 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 456.25		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5 Transaction ID: 48XPIF262212 Amount of Each Receipt this Period 91.25 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) ▶		307.50
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 96

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Colin Arnold		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address Suite 105 7501 Hospital Drive		Transaction ID: EV05Y0232463
City Sacramento State CA Zip Code 95823-5405	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Joe Arterberry		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Suite 110 224 E Broadway		Transaction ID: EUZXE214398
City Louisville State KY Zip Code 40202-2025	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Todd Auker		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address Auker Eye Inst 2324 Santa Rita Road Suite 7		Transaction ID: 44567-05291384458541
City Pleasanton State CA Zip Code 94566-4150	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	PAC 3 of 4	
Name of Employer self Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

SUBTOTAL of Receipts This Page (optional)

1591.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) N. Douglas Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address Ophthalmic Surgeons and Consultant 262 Neil Avenue Suite 430		Transaction ID: EUZZZD425465
City Columbus	State OH	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Sterling Baker		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 4215 N Classen Boulevard		Transaction ID: EUZXE354336
City Oklahoma City	State OK	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Ray Balyeat		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address the Williams Medical Plaza 2000 S Wheeling Avenue Suite 400		Transaction ID: EUZN1Y455173
City Tulsa	State OK	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Anthony Barri Mailing Address 489 Route 184; Suite 100 City State Zip Code Groton CT 06340-6227 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 14 / 2005</div> Transaction ID: EV066K278268 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Roger Alfred Barth Mailing Address 160 Heritage Way City State Zip Code Kalispell MT 59901-3161 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>500.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 18 / 2005</div> Transaction ID: EV0CFD147370 Amount of Each Receipt this Period <div>500.00</div> Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Arthur Basham Mailing Address 212 Oak Meadow Drive City State Zip Code Los Gatos CA 95032-4407 FEC ID number of contributing federal political committee. C Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>365.00</div>		Date of Receipt <div>MM / DD / YYYY</div> <div>11 / 28 / 2005</div> Transaction ID: 48XZL1331898 Amount of Each Receipt this Period <div>365.00</div> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Andrew Berman

Mailing Address 9630 N Kenton Avenue

City State Zip Code
 Skokie IL 60076-1216

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7883578

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

John Berreen

Mailing Address 63349 Saddleback Drive

City State Zip Code
 Bend OR 97701-8566

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 8 / 2 0 0 5

Transaction ID: 48XZL1937784

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

J. Mark Berry

Mailing Address Suite 206
 12709 Toepperwein Road

City State Zip Code
 Live Oak TX 78233-3258

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7270741

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Bobrow		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address Suite 304 211 N Meramec Avenue		Transaction ID: EUZN1Y874222
City Clayton State MO Zip Code 63105-3745	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Jaime Bravo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 165 Calle Reina Isabel La Villa De Torrimar		Transaction ID: EUZZZD711617
City Guaynabo State PR Zip Code 00969-3284	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) William Brawner		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address 610 Brunson Drive		Transaction ID: EV08XX787493
City Tupelo State MS Zip Code 38801-4947	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Jon Philip Brisley

Mailing Address 6522 Fairway Forest Drive

City State Zip Code
 Roanoke VA 24018-7446

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 5

Transaction ID: 1X3DLZHYUZUEW

Amount of Each Receipt this Period

200.00

PACWEB GENERATED CONTRIBU-
TION

B. Full Name (Last, First, Middle Initial)

Jill Brody

Mailing Address McDonough Eye Assoc
 505 E Grant Street

City State Zip Code
 Macomb IL 61455-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: 1YABWRLRXZUE4

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial)

James Brown

Mailing Address 305 Hospital Road

City State Zip Code
 Starkville MS 39759-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: EV066K833371

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) M. Todd Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address Gaston Eye Assoc 2325 Aberdeen Boulevard Suite A		Transaction ID: HEEV08TBO13GU1	
City State Zip Code Gastonia NC 28054-0614		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Reay Brown		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5	
Mailing Address Suite 250 993-D Johnson Ferry Road Northeast		Transaction ID: EUZZZD232575	
City State Zip Code Atlanta GA 30342-1602		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) G. Edward Bryant		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 303 West Polk Street		Transaction ID: EV0CPK113201	
City State Zip Code West Memphis AR 72301-4262		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		1365.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Frank Buccì		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address 158 Wilkes Barre Township Boulevard		Transaction ID: EV08XX835111	
City Wilkes Barre	State PA	Zip Code 18702-6704	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 465.00	
B. Full Name (Last, First, Middle Initial) Miles Burke		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 10475 Montgomery Rd. Suite 4-F		Transaction ID: EUZN1Y369627	
City Cincinnati	State OH	Zip Code 45242-5200	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	
C. Full Name (Last, First, Middle Initial) Carlos Buznego		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address Suite 400E 8940 N Kendall Drive		Transaction ID: 44567-00762575864791	
City Miami	State FL	Zip Code 33176-2148	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

Batch Tool - PAC

PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Louis Cantor		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address Suite 3005 550 N University Boulevard		Transaction ID: 48XR39833524
City Indianapolis	State IN	Zip Code 46202-5149
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

B. Full Name (Last, First, Middle Initial) Stephen Cassis		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5
Mailing Address 301 49th Street Southeast		Transaction ID: 48XZL1676565
City Charleston	State WV	Zip Code 25304-1909
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Peter Cetta		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 10 W Hanover Avenue		Transaction ID: EUZXMI244623
City Randolph	State NJ	Zip Code 07869-4221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Denise Chamblee
Mailing Address 11800 Rock Landing Drive

City State Zip Code
Newport News VA 23606-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: 48XZL1378740

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Kenneth Paul Cheng
Mailing Address 1000 Stonewood Drive
Suite 310

City State Zip Code
Wexford PA 15090-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: 48XZL1165115

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Laurie Christensen
Mailing Address 3333 Southwest 78th

City State Zip Code
Portland OR 97225-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZD697144

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Grace Cinciripini

Mailing Address 514 - 34th Avenue

City State Zip Code
 Seattle WA 98122-6472

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CFD570996

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Sander M. Zeskin Cohen

Mailing Address Suite 11
 509 S Lenola Road

City State Zip Code
 Moorestown NJ 08057-1561

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7036945

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Thomas Conklin

Mailing Address Suite 22
 294 E Moana Lane

City State Zip Code
 Reno NV 89502-4641

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: 44567-65136355161667

Amount of Each Receipt this Period

250.00

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Curtis Cornelius			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5	
Mailing Address 26 Calle Del Sol			Transaction ID: EUZZZD147681	
City State Zip Code Placitas NM 87043-9209			Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Edgar Dapremont			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address PO Box 6545			Transaction ID: 48802-98841494321824	
City State Zip Code Gulfport MS 39506-6545			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self Occupation self Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 750.00	
C. Full Name (Last, First, Middle Initial) Elliot Davidoff			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address Center for Sight 1371 W Main Street			Transaction ID: EV08XX820677	
City State Zip Code Newark OH 43055-3681			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼ 730.00	

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Thomas Moore Davis

Mailing Address 700 Helen Keller Boulevard

City State Zip Code
Tuscaloosa AL 35404-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: EV48XZAIBZS5V1

Amount of Each Receipt this Period

250.00

PACWEB GENERATED CONTRIBU-
TION

B. Full Name (Last, First, Middle Initial)

Robert Deitch

Mailing Address 3583 Brumley Way

City State Zip Code
Carmel IN 46033-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 5

Transaction ID: EV0AQE415946

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Anthony DeMarco

Mailing Address Suite 110
1010 Prince Avenue

City State Zip Code
Athens GA 30606-5811

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: 48XR39581173

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Patrick Dennis Mailing Address 116-B Ashley Avenue City Charleston State SC Zip Code 29401-1249 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5 Transaction ID: 48802-67071169614792 Amount of Each Receipt this Period 250.00 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) William Deutsch Mailing Address Suite 918 1725 West Harrison Street City Chicago State IL Zip Code 60612-3841 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 48Y1MS339424 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Christopher Dickens Mailing Address Suite 103 491 30th Street City Oakland State CA Zip Code 94609-3235 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5 Transaction ID: EV05PS726235 Amount of Each Receipt this Period 300.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Downing

Mailing Address 985 Matlock Road

City State Zip Code
 Bowling Green KY 42104-7408

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 5

Transaction ID: EV08XX511432

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons

City State Zip Code
 Lancaster SC 29720-2200

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 5

Transaction ID: EV09HB773341

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Dion Ehrlich

Mailing Address Suite 103
7500 Central Avenue

City State Zip Code
 Philadelphia PA 19111-2430

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZZD617294

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Troy Elander

Mailing Address 242 26th Street

City State Zip Code
 Santa Monica CA 90402-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXMI375856

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

David Keith Emmel

Mailing Address 1260 Silas Deane Highway

City State Zip Code
 Wethersfield CT 06109-4362

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CPK137171

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Richard Evans

Mailing Address 9157 Huebner Road

City State Zip Code
 San Antonio TX 78240-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXMI652489

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Andrew Farber

Mailing Address 5015 South US Highway 41

City State Zip Code
 Terre Haute IN 47802-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: EUZOK4744350

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

George Fava

Mailing Address 875 Norman Drive

City State Zip Code
 Lebanon PA 17042-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: EV066K645612

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

John Favetta

Mailing Address 70 Ridge Road

City State Zip Code
 North Arlington NJ 07031-6318

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 5 / 2 0 0 5

Transaction ID: 48802-25542849302292

Amount of Each Receipt this Period

91.25

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

1591.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Robert Feldman
Mailing Address 160 Boston Avenue

City State Zip Code
Altamonte Springs FL 32701-4706

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CFD450872

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Marc Fisher
Mailing Address 1525 West Hawkins Trail

City State Zip Code
Kankakee IL 60901-5469

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXE635831

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Allen Fishman
Mailing Address 92-29 Queens Boulevard Suite 2I

City State Zip Code
Rego Park NY 11374-1072

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: 1MEUZLEJUK74U1

Amount of Each Receipt this Period

300.00

PACWEB GENERATED CONTRIBU-
TION

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Fitz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5	
Mailing Address Precision Eye Care 140 Westmount Drive-PO Box 429		Transaction ID: EV0AQE485332	
City Farmington	State MO	Zip Code 63640-0429	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) David Forster		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 5	
Mailing Address 6231 Leesburg Pike		Transaction ID: 48752-46407717466354	
City Falls Church	State VA	Zip Code 22044-2102	Amount of Each Receipt this Period 91.25
FEC ID number of contributing federal political committee. C		PAC 4th of 4	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Lawrence Keith Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 22 Green Street		Transaction ID: EV0CFD454136	
City Poughkeepsie	State NY	Zip Code 12601-1306	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

2091.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Samuel Friedel

Mailing Address 827 Linden Avenue

City State Zip Code
 Baltimore MD 21201-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZD214171

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Robert Fry

Mailing Address 217 Old York Road

City State Zip Code
 Dillsburg PA 17019-9318

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZD381586

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Henry Gelender

Mailing Address Suite 600 - Attn: Jennifer Daffin
 7150 Greenville Avenue

City State Zip Code
 Dallas TX 75231-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 5

Transaction ID: EV08XX652113

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) James Gessler		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: EUZZZD116452
Mailing Address 1229 E Seminole Street		
City <u>Springfield</u>	State MO	Zip Code 65804-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Gregory Gibb		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 5 Transaction ID: 48XZL1822384
Mailing Address 2840 O'Neil Lane		
City <u>Eureka</u>	State CA	Zip Code 95503-4870
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 365.00		

C. Full Name (Last, First, Middle Initial) John Glotfelty		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5 Transaction ID: EV07VZ455226
Mailing Address 1247 Lakeland Hills Boulevard		
City <u>Lakeland</u>	State FL	Zip Code 33805-4673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Occupation Ophthalmologist		Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) R. Thad Goodwin Mailing Address Suite 102 5246 Red Cedar Drive City State Zip Code Fort Myers FL 33907-4542 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 5 / 2 0 0 5 Transaction ID: 48802-35781496763229 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Robert Green Mailing Address Suite 400 414 Navarro Street City State Zip Code San Antonio TX 78205-2516 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 Transaction ID: EUZXEC306185 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Paul Greenfield Mailing Address 503 Broadway City State Zip Code Everett MA 02149-3603 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 615.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 48Y1MS514186 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
SUBTOTAL of Receipts This Page (optional) ▶		821.25
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Irwin Greenspan

Mailing Address 205-20 32nd Avenue

City State Zip Code
 Bayside NY 11361-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 5

Transaction ID: EUZZD247363

Amount of Each Receipt this Period

150.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Erich Bryan Groos

Mailing Address Cornea Consultants of Nashville
 2011 Murphy Avenue Suite 602

City State Zip Code
 Nashville TN 37203-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7841439

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Robert Gross

Mailing Address Suite 302
 2731 Lemmon Avenue E

City State Zip Code
 Dallas TX 75204-2838

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7676039

Amount of Each Receipt this Period

100.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kenneth Grossman			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 580 Collins Drive			Transaction ID: EV07VZ805773	
City Merced	State CA	Zip Code 95348-3121	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2500.00			
B. Full Name (Last, First, Middle Initial) Steven Grossnickle			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address 2251 Dubois Street			Transaction ID: EV09HB525044	
City Warsaw	State IN	Zip Code 46580-3212	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00			
C. Full Name (Last, First, Middle Initial) Kamal Gupta			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5	
Mailing Address 19335 Allen Road			Transaction ID: EUZZZD562278	
City Brownstown	State MI	Zip Code 48183-1003	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)

3365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Lawrence Halperin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 5
Mailing Address Suite 1C 950 Glades Road		Transaction ID: 1UMJ2ZJQD0VEL
City State Zip Code Boca Raton FL 33431-6401	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBU- TION	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Robert Harbin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boulevard		Transaction ID: EV07VZ247728
City State Zip Code Rome GA 30165-1625	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Thomas Harbin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 3888 Tuxedo Road		Transaction ID: EUZZZD416207
City State Zip Code Atlanta GA 30342-4034	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1215.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Jeffrey Harrington

Mailing Address 1508 Brook Avenue

City State Zip Code
 Wichita Falls TX 76301-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 48Y1MS023462

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Anjali Hawkins

Mailing Address Geneve Eye Clinic - Suite 10
 302 Randall Road

City State Zip Code
 Geneva IL 60134-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 6 / 2 0 0 5

Transaction ID: EV08XX511917

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Alan Hefner

Mailing Address Suite A
 40W330 Lafox Road

City State Zip Code
 St. Charles IL 60175-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CPK355268

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Jeffrey Heier

Mailing Address Ophthalmic Consultants of Boston
50 Staniford Street Suite 600

City State Zip Code
Boston MA 02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 5

Transaction ID: 48XPIF163560

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Jeffrey Heimer

Mailing Address 507 Locust Lane

City State Zip Code
State College PA 16801-5419

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: EV05PS288843

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Bruce Herron

Mailing Address 668 Skyline Drive

City State Zip Code
Jackson TN 38301-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: EV066K492914

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Tatsuo Hirose Mailing Address 8 Whittier Place #12H City State Zip Code Boston MA 02114-1425 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5 Transaction ID: EUZOK4206236 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Elizabeth Hodapp Mailing Address 245 E Rivo Alto Drive City State Zip Code Miami Beach FL 33139-1267 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 Transaction ID: EUZSEC956708 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) John Hoines Mailing Address 1630 Adams Street City State Zip Code Mankato MN 56001-4801 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: EUZZD161381 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Francis Hurite		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Forbes Stevenson Building 1401 Forbes Avenue 3rd Floor		Transaction ID: EUZXMI425821
City Pittsburgh	State PA	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) W. Jackson Iliff		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address Suite 7 4 W Rolling Crossroads		Transaction ID: 44567-27323549985885
City Catonsville	State MD	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		PAC 3rd of 4
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

C. Full Name (Last, First, Middle Initial) Peter Jensen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address Suite 200 1208 Hilltop Drive		Transaction ID: 48XPIF470731
City Rock Springs	State WY	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1721 E 19th Avenue #550		Transaction ID: EUZZZD792243
City State Zip Code Denver CO 80218-1243	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Eric Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 204B Allandale Road		Transaction ID: EUZXK7677327
City State Zip Code Chestnut Hill MA 02467-3200	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) John Jones		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1628 Medical Arts Boulevard		Transaction ID: EUZZZD126561
City State Zip Code Anderson IN 46011-3441	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Rebecca Jones Mailing Address 1424 East Front Street City Tyler State TX Zip Code 75702-8501 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 5 Transaction ID: 48825-77445620298386 Amount of Each Receipt this Period 91.25 PAC 4th of 4
B. Full Name (Last, First, Middle Initial) Rebecca Jones Mailing Address 1424 East Front Street City Tyler State TX Zip Code 75702-8501 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 48Y1MS294430 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Jeffrey Ward Kalenak Mailing Address 2600 N Mayfair Road Suite 600 City Milwaukee State WI Zip Code 53226-1374 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5 Transaction ID: EV066K586212 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Eric Kanter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 349 E Northfield Road		Transaction ID: 48XPIF640422
City Livingston	State NJ	Zip Code 07039-4802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Laurence Karns		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 6407 Frank Avenue Northwest		Transaction ID: EUZXMI194367
City North Canton	State OH	Zip Code 44720-7263
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Steven Katz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 1931 Williamsbridge Road		Transaction ID: EUZOK4436154
City Bronx	State NY	Zip Code 10461-1632
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alex Keller

Mailing Address 1010 Prince Avenue

City	State	Zip Code
Athens	GA	30606-5811

FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	8	/	2	0	0	5

Transaction ID: EUZXK7559685

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Stephen KellyMailing Address PO Box 1727
100 S Park Drive

City	State	Zip Code
Brownwood	TX	76804-1727

FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	5

Transaction ID: EUZZZD840753

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. John Kennedy

Mailing Address 1675 Providence Avenue

City	State	Zip Code
Schenectady	NY	12309-3919

FEC ID number of contributing
federal political committee.**C**Name of Employer
selfOccupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	9	/	2	0	0	5

Transaction ID: EUZZZD185272

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Kianoush Kian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address Suite 104 3303 E Baseline Road		Transaction ID: EV07VZ575126
City State Zip Code Gilbert AZ 85234-2738	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) William Kilpatrick		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 7550 E 2nd Street		Transaction ID: EV0CPK739086
City State Zip Code Scottsdale AZ 85251-4504	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Richard Kim		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address Unit 3 25351 Boots Road		Transaction ID: EV05Y0244574
City State Zip Code Monterey CA 93940-6658	Amount of Each Receipt this Period 635.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Craig King		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address Suite 100 3209 N 4th Street		Transaction ID: EV0CFD522460	
City State Zip Code Longview TX 75605-5145	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
B. Full Name (Last, First, Middle Initial) Scott Kirk		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address 7427 Lake Street		Transaction ID: 48752-91692751646042	
City State Zip Code River Forest IL 60305-1817	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	PAC 3rd of 4		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
C. Full Name (Last, First, Middle Initial) William Knauer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5	
Mailing Address 2535 Riverside Avenue		Transaction ID: EUZZZD086683	
City State Zip Code Jacksonville FL 32204-4710	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Karanjit Kooner

Mailing Address 5323 Harry Hines Boulevard

City State Zip Code
 Dallas TX 75390-7208

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZD336494

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Howard Krauss

Mailing Address South Cal Neuro Oph/Orb Surg Assoc
 11645 Wilshire Boulevard Suite 600

City State Zip Code
 Los Angeles CA 90025-6807

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 5

Transaction ID: 2TEV00MSE383U1

Amount of Each Receipt this Period

365.00

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial)

John Lane

Mailing Address 18 Evergreen Lane

City State Zip Code
 Watchung NJ 07069-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 2 / 2 0 0 5

Transaction ID: 48XR39448943

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Stephen Lane Mailing Address 280 N Smith Avenue Suite 840 City State Zip Code St. Paul MN 55102-2424 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5 Transaction ID: 1VB95JLYOZUE3 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) Wayne Larrison Mailing Address Court Retina Consultants Pc 46 Prince St. Suite 402-A City State Zip Code New Haven CT 06519-1600 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5 Transaction ID: EV08XX803580 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Andrew Lee Mailing Address Univ Iowa-Department of Ophth 200 Hawkins Drive City State Zip Code Iowa City IA 52242-1009 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 343.75		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5 Transaction ID: EUZLQZ177669 Amount of Each Receipt this Period 156.25 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

906.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Worldster S. Lee

Mailing Address Suite 400
1712 Liliha Street

City State Zip Code
Honolulu HI 96817-5410

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 5

Transaction ID: EUZZD272558

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Elise Leonard

Mailing Address Suite 300
8890 W Oakland Park Boulevard

City State Zip Code
Sunrise FL 33351-7235

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 5

Transaction ID: EV09HB328706

Amount of Each Receipt this Period

91.25

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Andrew Levada

Mailing Address the Eye Care Group Pc
1201 W Main Street Suite 100

City State Zip Code
Waterbury CT 06708-3105

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7483646

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Levine			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5	
Mailing Address Suite H2 19271 Montgomery Village Avenue			Transaction ID: EUZZZD665471	
City State Zip Code Montgomery Village MD 20886-5021			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 865.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
B. Full Name (Last, First, Middle Initial) Donald Levy			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5	
Mailing Address Suite 330 330 1st Capitol Drive			Transaction ID: EV08XX965481	
City State Zip Code St. Charles MO 63301-2835			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
C. Full Name (Last, First, Middle Initial) Monique Leys			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address West Virginia University Eye Insti PO Box 9193			Transaction ID: EV05Y0214145	
City State Zip Code Morgantown WV 26506-9193			Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Raymond Liggio		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 503 Broadway		Transaction ID: EV066K411022
City Everett	State MA	Zip Code 02149-3603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) James Limbert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address PO Box 490		Transaction ID: EUZN1Y323365
City Blacklick	State OH	Zip Code 43004-0490
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Kim Lindenmuth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 45 South Park Boulevard Suite 375		Transaction ID: EV0CPK158062
City Glen Ellyn	State IL	Zip Code 60137-6291
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Mark Lindsay		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 2725 E 29th Street		Transaction ID: EV07VZ568787
City Bryan	State TX	Zip Code 77802-2504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) Steven Litinsky		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 1 / 2 0 0 5
Mailing Address 16201 S Military Trail		Transaction ID: 1U49CZTRLZUE8
City Delray Beach	State FL	Zip Code 33484-6503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C. Full Name (Last, First, Middle Initial) Kenneth Low		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 38707 Stivers St. Suite B		Transaction ID: EUZXK7577063
City Fremont	State CA	Zip Code 94536-5337
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ronald Lowery		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address #10 Hospital Circle		Transaction ID: 48Y1MS244430
City Batesville	State AR	Zip Code 72501-7310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) James Lusk		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 451 Ashley Ridge Boulevard #2 Minden Medical Plaza		Transaction ID: EV05PS415185
City Shreveport	State LA	Zip Code 71106-7229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 865.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Mary Gerard Lynch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 3845 Club Drive		Transaction ID: EUZZZD622725
City Atlanta	State GA	Zip Code 30319-1109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 565.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott MacRae

Mailing Address Univ of Rochester - Strong Vision
100 Meridian Centre Suite 125

City State Zip Code
Rochester NY 14618-3976

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: EV066K113855

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Jimmie Magie

Mailing Address Magie Eye Clinic
924 Main Street

City State Zip Code
Conway AR 72032-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 5

Transaction ID: EUZN1Y282577

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Stephen Magie

Mailing Address 9800 Lile Drive
Suite 501

City State Zip Code
Little Rock AR 72205-6229

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CFD170314

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Masud Malik		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address Suite 4 5701 Strathmoor Drive		Transaction ID: 44567-23397463560104
City State Zip Code Rockford IL 61107-5182	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 373.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) William Mallon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Suite 1 1360 US Highway 1		Transaction ID: EUZXE070127
City State Zip Code Vero Beach FL 32960-5703	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) William Maron		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address Suite 222 21 Woodland Street		Transaction ID: 44567-03028506040573
City State Zip Code Hartford CT 06105-4318	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	PAC 3 of 4	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 273.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

682.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jack Mason Mailing Address 555 South Dora Street City Ukiah State CA Zip Code 95482-5424 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 5 Transaction ID: 1X3J258QUZUE0 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Kevin McAuliffe Mailing Address 9925 San Jose Boulevard City Jacksonville State FL Zip Code 32257-5851 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5 Transaction ID: EUZN1Y182434 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Connie McCaa Mailing Address Unv MS Med Center/McBryde Building 2500 North State Street/3rd Floor City Jackson State MS Zip Code 39216-4500 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 5 Transaction ID: 48752-45022219419479 Amount of Each Receipt this Period 250.00 PAC 2nd of 4

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Charles McCormick
Mailing Address 30 North Emerson

City State Zip Code
Greenwood IN 46143-8895

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 5

Transaction ID: EUZXEC180066

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ryan McKinnon
Mailing Address Suite 220
1818 South Tenth Avenue

City State Zip Code
Caldwell ID 83605-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 5 / 2 0 0 5

Transaction ID: 1WI25GQZSZUE0

Amount of Each Receipt this Period

365.00

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial)
Calvin Mein
Mailing Address Suite 166
4499 Medical Drive

City State Zip Code
San Antonio TX 78229-3735

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 5

Transaction ID: EUZZZD602489

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Priscilla Metcalf Mailing Address 2100 Regional Med Drive City Wharton State TX Zip Code 77488-9719 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5 Transaction ID: 44567-05312746763229 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) Richard Mills Mailing Address Suite 1124 1221 Madison Street City Seattle State WA Zip Code 98104-3588 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: EUZZZD245326 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Kenneth Miselis Mailing Address 445 West Poplar City Stockton State CA Zip Code 95203-2426 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5 Transaction ID: EUZN1Y637226 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1591.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Mondzelewski

Mailing Address St. Clair Prof Office Building
1050 Bower Hill Road Suite 104

City State Zip Code
Pittsburgh PA 15243-1866

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: EV05PS262311

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Robert Nasser

Mailing Address 895 Trancas Street

City State Zip Code
Napa CA 94558-3040

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 5

Transaction ID: EUZN1Y272183

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Jeffrey Nilles

Mailing Address 1808 Verdugo Boulevard Suite 102

City State Zip Code
Glendale CA 91208-1448

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7695788

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Pare		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5	
Mailing Address North Fulton Professional Building 2500 Hospital Boulevard; Suite 115		Transaction ID: EUZZZD834425	
City Roswell	State GA	Zip Code 30076-4946	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		
B. Full Name (Last, First, Middle Initial) John Parkinson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address Suite 212 575 Rivergate		Transaction ID: EV0CFD302398	
City Durango	State CO	Zip Code 81301-7487	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) John Parschauer		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5	
Mailing Address 2020 Hayes Avenue PO Box 2238		Transaction ID: EV07VZ820544	
City Sandusky	State OH	Zip Code 44870-4793	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Leonard Parver		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address Suite 500 1145 19th Street Northwest		Transaction ID: EV0CFD131852
City Washington	State DC	Zip Code 20036-3701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Maria Patterson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 2 / 2 0 0 5
Mailing Address 12690 W North Avenue		Transaction ID: EUZN1Y474172
City Brookfield	State WI	Zip Code 53005-4636
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Rodolfo Perez		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address Thurmond Eye Associates 1519 East Sixth		Transaction ID: EUZZD594303
City Weslaco	State TX	Zip Code 78596-6605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Perlmutter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address Suite 330 330 1st Capitol Drive		Transaction ID: EV08XX312626
City St. Charles	State MO	Zip Code 63301-2835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Charles Peter		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 2305 Tinkham Road		Transaction ID: 48XPIF015949
City Akron	State OH	Zip Code 44313-4467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Michael Petersen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address Cincinnati Eye Institute 10494 Montgomery Road		Transaction ID: 48XR39125254
City Cincinnati	State OH	Zip Code 45242-5214
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Michael Peterson

Mailing Address Rocky Moutain Eye Center
700 W Kent Avenue

City State Zip Code
Missoula MT 59801-6772

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 5

Transaction ID: EV08XX471125

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

John Petty

Mailing Address Alpine Eye Clinic
2423 East Main Suite 4

City State Zip Code
Cortez CO 81321-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: 48XR39326715

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Robert Scott Pinke

Mailing Address Roxbury Eye Center Pc
66 Sunset Strip Suite 107

City State Zip Code
Succasunna NJ 07876-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 5

Transaction ID: EUZOK4263564

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Pisacano

Mailing Address New York Eye Srgy Center
1101 Pelham Parkway N

City State Zip Code
Bronx NY 10469-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZZD540744

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Stephen Powell

Mailing Address White Birch Towers
1255 Pineview Drive

City State Zip Code
Morgantown WV 26505-2713

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 5

Transaction ID: 48XZL1633339

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Tony Pruthi

Mailing Address 403 Estrella Doro

City State Zip Code
Monterey CA 93940-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXE278881

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) H. William Ranelle		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 5000 Collinwood		Transaction ID: 13EUZQKVTEI WV1
City Fort Worth	State TX	Zip Code 76107-3606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial) Erman Rawlings		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 5
Mailing Address 3430 Bienville Boulevard		Transaction ID: 48Y1MS684665
City Ocean Springs	State MS	Zip Code 39564-5732
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 350.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Silas Read		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5
Mailing Address 957 Baxter Street		Transaction ID: 48XPIF142826
City Athens	State GA	Zip Code 30606-3754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 730.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ashok Reddy Mailing Address Apt. 21M 435 E 70th Street City State Zip Code New York NY 10021-5342 FEC ID number of contributing federal political committee. C Name of Employer Eye Associates of New Mexico Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 4 / 2 0 0 5 Transaction ID: 1548XTIN7W8XU1 Amount of Each Receipt this Period 365.00 PACWEB GENERATED CONTRIBUTION
B. Full Name (Last, First, Middle Initial) George Reiss Mailing Address Suite F101 6677 W Thunderbird Road City State Zip Code Glendale AZ 85306-3709 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5 Transaction ID: EUZZZD035877 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Allen Richmond Mailing Address Suite 302 3998 Red Lion Road City State Zip Code Philadelphia PA 19114-1436 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: EUZZZD676876 Amount of Each Receipt this Period 125.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1490.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 64 / 96

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Byron Riegel			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 2830 West Main Street			Transaction ID: EV05PS054331	
City Visalia	State CA	Zip Code 93291-4331	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial) Kenneth Roach			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5	
Mailing Address 124 Arlen Park Place			Transaction ID: EV0CPK884725	
City Apex	State NC	Zip Code 27539-7000	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 865.00			
C. Full Name (Last, First, Middle Initial) Richard Roebuck			Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 5	
Mailing Address 213 Dayton Street			Transaction ID: 48825-90565127134324	
City Hamilton	State OH	Zip Code 45011-1633	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		PAC 3rd of 4		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 273.75			

SUBTOTAL of Receipts This Page (optional)

1091.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Michael Rosenberg

Mailing Address Suite 440

645 N Michigan Avenue

City

Chicago

State

IL

Zip Code

60611-2826

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 5

Transaction ID: 48802-10439699888229

Amount of Each Receipt this Period

62.50

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)

Harvey Rosenblum

Mailing Address 220 Madison Avenue

City

New York

State

NY

Zip Code

10016-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZZD586684

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Leland Rosenblum

Mailing Address Suite 201

798 Cass Street

City

Monterey

State

CA

Zip Code

93940-2918

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CFD256645

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1062.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Jerome Ross

Mailing Address 1001 Pine Heights Avenue Suite 101

City State Zip Code
 Baltimore MD 21229-5266

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 0 / 2 0 0 5

Transaction ID: EUZZZD525415

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

David Rozas

Mailing Address 5 St. Vincent Circle Suite 101

City State Zip Code
 Little Rock AR 72205-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZZD543038

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Dennis Ryan

Mailing Address 230 20th St. S

City State Zip Code
 La Crosse WI 54601-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7166403

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Edwin Hurlbut Ryan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 7760 France Avenue S Suite 310		Transaction ID: 48XR39323233
City State Zip Code Minneapolis MN 55435-3216	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Stephen Ryan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address Doheny Eye Institute 1450 San Pablo Street Room 5900		Transaction ID: EUZZD220146
City State Zip Code Los Angeles CA 90033-4500	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Carolyn Sakaue		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address Eye Medical Clinic of Fresno Inc 1360 E Herndon Avenue #301		Transaction ID: EV08XX970534
City State Zip Code Fresno CA 93720-3326	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address Suite 100 100 Church Road City Ardmore State PA Zip Code 19003-2316 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 7 / 2 0 0 5 Transaction ID: EV0AQE662611 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Kirk Scattergood Mailing Address 2253 W Mason Street City Green Bay State WI Zip Code 54303-4706 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 5 Transaction ID: 48825-22816103696823 Amount of Each Receipt this Period 125.00 PAC 4th of 4
C. Full Name (Last, First, Middle Initial) Daniel Schaefer Mailing Address 4590 Main Street City Buffalo State NY Zip Code 14226-4548 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5 Transaction ID: EV07VZ875374 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

740.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Barry Scher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 681 Third Avenue		Transaction ID: EV07VZ521888
City Chula Vista	State CA	Zip Code 91910-5703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) David Schwartzfarb		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 5
Mailing Address 5162 Linton Boulevard Suite 203		Transaction ID: 1U7IL69T20VEH
City Delray Beach	State FL	Zip Code 33484-6567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Michael Scott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 1825 Cannon Street		Transaction ID: EUZZD331876
City Dubuque	State IA	Zip Code 52003-7904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Bradley Seely

Mailing Address Suite 120
341 Medical Loop

City State Zip Code
Roseburg OR 97470-5540

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7541488

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

James Sharp

Mailing Address 103 West Colt Square Drive

City State Zip Code
Fayetteville AR 72703-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: EUZZD804135

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Richard Sherry

Mailing Address Suite 234
2500 Grubb Road

City State Zip Code
Wilmington DE 19810-4799

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 5

Transaction ID: 48752-40607851743698

Amount of Each Receipt this Period

91.25

PAC4th of 4

SUBTOTAL of Receipts This Page (optional)

1341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Edward Shubert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Suite 121 17115 Red Oak Drive		Transaction ID: EUZXK7826335
City State Zip Code Houston TX 77090-2641	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 615.00	Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Harris Silverman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 6002 Pointe West Boulevard		Transaction ID: EUZXK7851665
City State Zip Code Bradenton FL 34209-5531	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) J. Geoffrey Slingsby		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 240 Minnesota Street		Transaction ID: EUZZD784251
City State Zip Code Rapid City SD 57701-6200	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00	Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Stanley Sliwinski Mailing Address 208 Old Mocksville Road City Statesville State NC Zip Code 28625-1930 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 09 / 2005 Transaction ID: EUZZZD246272 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Brian Smith Mailing Address 138 W Avon Parkway City Asheville State NC Zip Code 28804-1410 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt MM / DD / YYYY 11 / 03 / 2005 Transaction ID: 44567-38375490903854 Amount of Each Receipt this Period 91.25 pac 3rd of 4
C. Full Name (Last, First, Middle Initial) Paul Smith Mailing Address 2315 Davison Avenue City Richland State WA Zip Code 99354-1920 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 11 / 21 / 2005 Transaction ID: 48XPIF068612 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gerald Spindel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 5	
Mailing Address Suite 101 6 Tsienneto Road		Transaction ID: 48752-93502444028855	
City Derry	State NH	Zip Code 03038-1584	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 273.75		
B. Full Name (Last, First, Middle Initial) Mark Spurrier		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 5	
Mailing Address 3436 Longfellow Boulevard		Transaction ID: EUZN1Y696506	
City St. Louis	State MO	Zip Code 63104-1631	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Sydney Stapleton		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address 1726 Metromedical Drive		Transaction ID: 48XR39860565	
City Fayetteville	State NC	Zip Code 28304-3861	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00		

PAC 3rd of 4

Batch Tool - PAC

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

756.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) R. Keith Stevens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 5
Mailing Address the Eye Center 401 Meridian St. N Suite 200		Transaction ID: EV08XX532560
City Huntsville	State AL	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Michael Stiles		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Suite 105 1010 Carondelet Drive		Transaction ID: EUZXMI682892
City Kansas City	State MO	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jonathan Stock		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 703 14th Street		Transaction ID: EV066K642849
City Baraboo	State WI	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Scott Strelow

Mailing Address 5770 Club Lane

City State Zip Code
 Roanoke VA 24018-1004

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 5

Transaction ID: 14EV0G21JCOOU1

Amount of Each Receipt this Period

365.00

PACWEB GENERATED CONTRIBU-
TION

B. Full Name (Last, First, Middle Initial)

Shigemi Sugiki

Mailing Address 1380 Lusitana Street Suite 714

City State Zip Code
 Honolulu HI 96813-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CFD359235

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Charles Sung

Mailing Address 317 N Delaware Street

City State Zip Code
 Kennewick WA 99336-7750

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 4 / 2 0 0 5

Transaction ID: EUZXC972668

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jerome Swale Mailing Address 264 Fox Trail City State Zip Code Bourbonnais IL 60914-1735 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5 Transaction ID: EUZXEC781731 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Gareth Tabor Mailing Address Suite 240 27 S State Street City State Zip Code Lake Oswego OR 97034-3935 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5 Transaction ID: EUZOK4817453 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Terry Talley Mailing Address 201 West Iowa Street City State Zip Code Evansville IN 47710-1721 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: EV0CFD135729 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Tammaro

Mailing Address PO Box 3360

City

Lake Havasu City

State

AZ

Zip Code

86405-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7248369

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Alvin Tao

Mailing Address PO Box 5545

City

Lafayette

State

IN

Zip Code

47903-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 1 / 2 0 0 5

Transaction ID: 48XPIF468447

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Thomas Teather

Mailing Address Suite A
1478 Highland Avenue

City

Melbourne

State

FL

Zip Code

32935-6561

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXC444347

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) E. Winston Trice		Date of Receipt MM / DD / YYYY 11 / 16 / 2005	
Mailing Address Virginia Eye Instit 400 Westhaption Station		Transaction ID: EV08XX946845	
City Richmond State VA Zip Code 23226		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) David Ugland		Date of Receipt MM / DD / YYYY 11 / 14 / 2005	
Mailing Address 135 S Sharon Amity Road 100		Transaction ID: EV066K925517	
City Charlotte State NC Zip Code 28211-2842		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer Horizon Eye Care Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00	
C. Full Name (Last, First, Middle Initial) Peter Utrata		Date of Receipt MM / DD / YYYY 11 / 15 / 2005	
Mailing Address Suite 320 262 Neil Avenue		Transaction ID: 48752-46299380064011	
City Columbus State OH Zip Code 43215-7309		Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.75	

SUBTOTAL of Receipts This Page (optional)

706.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Peter Arthur Van Houten

Mailing Address East Carolina Retina Consultants
2501 A Stantonsburg Road

City Greenville State NC Zip Code 27834-7213

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: 1UI8IO9AB0VEI

Amount of Each Receipt this Period

250.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)

James Vander

Mailing Address 910 East Willow Grove Avenue

City Wyndmoor State PA Zip Code 19038-7910

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 2 / 2 0 0 5

Transaction ID: 1USY0MBJRX848

Amount of Each Receipt this Period

1000.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)

Mark John Vocci

Mailing Address 34324 Park Lane

City Leesburg State FL Zip Code 34788-3509

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 5

Transaction ID: EV0CPK789316

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Michael Vrabec			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 7 / 2 0 0 5	
Mailing Address Valley Eye Associates 21 Park Place			Transaction ID: 48825-59884279966354	
City Appleton State WI Zip Code 54914-8872			Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C			PAC 4th of 4	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 615.00		
B. Full Name (Last, First, Middle Initial) Michael Vrabec			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5	
Mailing Address Valley Eye Associates 21 Park Place			Transaction ID: EUZXK7789857	
City Appleton State WI Zip Code 54914-8872			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 615.00		
C. Full Name (Last, First, Middle Initial) Jonathan Walker			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5	
Mailing Address Suite 300 7900 W Jefferson Boulevard			Transaction ID: 48XR39708916	
City Fort Wayne State IN Zip Code 46804-4128			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

1341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) W. Lee Wan Mailing Address Suite 200 1700 N Rose Avenue City State Zip Code Oxnard CA 93030-3790 FEC ID number of contributing federal political committee. C Name of Employer Coastal Eye Specialists Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt MM / DD / YYYY 11 / 03 / 2005 Transaction ID: 44567-40943545103073 Amount of Each Receipt this Period 125.00 PAC 3rd of 4
B. Full Name (Last, First, Middle Initial) Marshall Wareham Mailing Address 2540 Rose Ridge Ct. City State Zip Code Centerville OH 45459 FEC ID number of contributing federal political committee. C Name of Employer Allied Eye Physicians and Surgeons, Inc Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 11 / 01 / 2005 Transaction ID: 1U4CZUK7LZUE7 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBU- TION
C. Full Name (Last, First, Middle Initial) Michael Warner Mailing Address PO Box 86 City State Zip Code Hermiston OR 97838-0086 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt MM / DD / YYYY 11 / 14 / 2005 Transaction ID: EV066K469543 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) John Waters Mailing Address 5055 W Bristol Road City Flint State MI Zip Code 48507-2922 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5 Transaction ID: EUZZZD276883 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Neil Lawrence Watkins Mailing Address Suite 7 650 Grant Street City Gary State IN Zip Code 46404-1533 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 273.75		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 5 Transaction ID: 44567-70318239927292 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
C. Full Name (Last, First, Middle Initial) Gary Weiner Mailing Address 18 Crestview Drive City Salina State KS Zip Code 67401-3586 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 5 Transaction ID: 48Y1MS040106 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1391.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gary Weinstein		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address Pittsburgh Oculoplastic Associates 3471 Fifth Avenue		Transaction ID: EUZXMI477596
City Pittsburgh	State PA	Zip Code 15213-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Daniel Welch		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 9 / 2 0 0 5
Mailing Address 407 Avenue K Southeast		Transaction ID: EUZZZD226883
City Winter Haven	State FL	Zip Code 33880-4126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2000.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Craig Wells		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address Vitreo-Retinal Associates 1221 Madison Street Suite 1002		Transaction ID: EV066K382243
City Seattle	State WA	Zip Code 98104-1380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1365.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Margaret Wheat-Carter

Mailing Address 140 E 5th Street

City State Zip Code
 Natchitoches LA 71457-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 9 / 2 0 0 5

Transaction ID: 48Y1MS893587

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)

Andrew Wherley

Mailing Address 2399 Baker Road Southwest

City State Zip Code
 New Philadelphia OH 44663-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 2 / 2 0 0 5

Transaction ID: 48XR39378815

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)

Daniel Whipple

Mailing Address Avon Station Medical Center
 8244 East US 36/#200

City State Zip Code
 Avon IN 46123

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 0 / 2 0 0 5

Transaction ID: EUZZD072064

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)

Thomas Whitaker

Mailing Address 900 Med Circle

City State Zip Code
 Myrtle Beach SC 29572-4114

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 7 / 2 0 0 5

Transaction ID: 44567-92443484067917

Amount of Each Receipt this Period

625.00

PAC 3rd of 4

B. Full Name (Last, First, Middle Initial)

Stephen Whiteside

Mailing Address Eye Center of Central Texas
 1817 Southwest Dodgen Loop

City State Zip Code
 Temple TX 76502-1815

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 5

Transaction ID: 48802-62134951353073

Amount of Each Receipt this Period

91.25

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)

Julia Whiteside-De Vos

Mailing Address 2984 Brighton Road

City State Zip Code
 Shaker Heights OH 44120-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 5

Transaction ID: EV09HB737827

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1716.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Whitman

Mailing Address 2801 Lemmon Avenue Ste# 400

City State Zip Code
 Dallas TX 75204-2399

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7727638

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. David Williams

Mailing Address Vitreoretinal Surgery; Pa-Minn Cen
7760 France Avenue S Suite 310

City State Zip Code
 Minneapolis MN 55435-3216

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 8 / 2 0 0 5

Transaction ID: EUZXK7467267

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

C. Catherine Wisda

Mailing Address 1318 S Main Road #A2

City State Zip Code
 Vineland NJ 08360-6516

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 1 / 2 0 0 5

Transaction ID: 48XPIF894763

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Brian Wnorowski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 5
Mailing Address 1404 Winesap Drive		Transaction ID: 1YA8UPG3YZUEL
City Manasquan	State NJ	Zip Code 08736
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Keye Luc Wong		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 3400 Bee Ridge Road Suite 200		Transaction ID: EV0CFD472875
City Sarasota	State FL	Zip Code 34239-7223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) George Wyhinny		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5
Mailing Address 1875 W Dempster		Transaction ID: 48XR39547222
City Park Ridge	State IL	Zip Code 60068-1186
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Scott Zeigen		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		2	1		2	0	0	5														
Mailing Address Suite 202-B 130 Almshouse		Transaction ID: 5K48XQ1WLUSQU1																					
City Richboro State PA Zip Code 18954-1100		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																							
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBU- TION																					
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>		500.00																			
500.00																							
B. Full Name (Last, First, Middle Initial) Paul Zimmerman		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y														
1	1		0	9		2	0	0	5														
Mailing Address Black Hills Reg Eye Institute 2800 3rd Street		Transaction ID: EUZZZD967882																					
City Rapid City State SD Zip Code 57701-7374		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>		365.00																			
365.00																							
FEC ID number of contributing federal political committee. C		Batch Tool - PAC																					
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table>		365.00																			
365.00																							

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

109060.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 96

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Union Bank		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 400 California Street		Transaction ID: 5346330512164856317	
City San Francisco	State CA	Amount of Each Receipt this Period 55.26	
Zip Code 94104		MM interest 11/05	
FEC ID number of contributing federal political committee. C			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 505.69	

SUBTOTAL of Receipts This Page (optional)

55.26

TOTAL This Period (last page this line number only)

55.26

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 90 / 96

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 11/05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 0301880512164859110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1348.35

SUBTOTAL of Disbursements This Page (optional)

1348.35

TOTAL This Period (last page this line number only)

1348.35

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 91 / 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address 610 S Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement
2006 Primary

Candidate Name
Bilirakis Gus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 09

Transaction ID: 2462060511165640583

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Clay Jr. for Congress

Mailing Address PO Box 4544
Suite 300

City
St. Louis

State
MO

Zip Code
63108

Purpose of Disbursement
2006 Primary

Candidate Name
Clay William

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 01

Transaction ID: 4816130511165647347

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Clay Shaw

Mailing Address PO Box 2188
2600 NE 14Th. Street Causeway

City
Fort Lauderdale

State
FL

Zip Code
33303

Purpose of Disbursement
2006 Primary

Candidate Name
Shaw E.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 2799730511224714780

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 92 / 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Conrad Burns - 2006

Mailing Address PO Box 1596

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
2006 Primary

Candidate Name
Burns Conrad

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: 7095390511224721616

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dave Weldon

Mailing Address PO Box 968

City
Melbourne

State
FL

Zip Code
32902

Purpose of Disbursement
2006 Primary

Candidate Name
Weldon Dave

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 6459250511103380077

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address 1611 Avenue K

City
Plano

State
TX

Zip Code
75074

Purpose of Disbursement
2006 Primary

Candidate Name
Johnson Sam

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 4278950511165659853

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 93 / 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hastert for Congress Committee

Mailing Address PO Box 625

City
Batavia

State
IL

Zip Code
60510

Purpose of Disbursement
2006 Primary

Candidate Name
Hastert J.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 3778270511014422940

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Jon Kyl for U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
2006 Primary

Candidate Name
Kyl Jon

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 3579460511014431723

Date of Disbursement

11 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jon Kyl for U S Senate

Mailing Address PO Box 10246

City
Phoenix

State
AZ

Zip Code
85064

Purpose of Disbursement
2006 Primary

Candidate Name
Kyl Jon

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 00

Transaction ID: 8348200511165665495

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 / 96

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2006 Primary

Candidate Name
Thompson Mike

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: 8566480511103369870

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pryce for Congress

Mailing Address 145 East Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
2006 Primary

Candidate Name
Pryce Deborah

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 4425360511165653578

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement
2006 Primary

Candidate Name
Myrick Sue

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: 0806890511103392547

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 95 / 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Virginia Foxx for Congress

Mailing Address PO Box 1100

City
Clemmons

State
NC

Zip Code
27012

Purpose of Disbursement
2006 Primary

Candidate Name
Foxx Virginia

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 05

Transaction ID: 3347680511103385811

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wally Herger for Congress Committee

Mailing Address PO Box 1500

City
Chico

State
CA

Zip Code
95927

Purpose of Disbursement
2006 Primary

Candidate Name
Herger Wally

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: 2876490511165624614

Date of Disbursement

MM / DD / YYYY
11 / 17 / 2005

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

20500.00

Form/Schedule:**F3XA**

This amended report includes previously missing Employer and Occupation information required for Itemized Reciepts.

Transaction ID: